Alcohol Rapid Needs Assessment

Public Health Lambeth 2017

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Rapid Alcohol Needs Assessment: Executive Summary

Reducing the harm from alcohol misuse is a national priority. Alcohol misuse costs the NHS about 3.5 billion per year, and society around £21 billion annually.

Level of need, hospital admissions and mortality

Lambeth has the highest estimated number of people with alcohol dependency within London, and the second highest proportion of people. This high level of dependency translates into a high level of need. Hospital admissions for alcohol-specific conditions and broad alcohol-related conditions are significantly higher than in England. While less alcohol is consumed in Lambeth than in England, those who do drink appear to drink heavily and frequently. Men are far more likely to abuse alcohol, be admitted to hospital due to abuse, and die from it than women. There are also high levels of dual diagnosis, as measured by a proxy indicator of the number of people in concurrent contact with alcohol misuse and mental health services.

Socio-demographic characteristics of service users

There is little demographic information on the people who access alcohol misuse services. Most are men (63 per cent compared to 37 per cent of women in 2015/16). The majority of clients are aged 40 to 49 (33 per cent), followed by 50 to 59 year olds (28 per cent) and 30 to 39 year olds (22 per cent). Over half of those in treatment (55 per cent) use other drugs, mainly crack (29 per cent) and cannabis (17 per cent). This rate exceeds England's average of 41 per cent.

A particularly vulnerable group are homeless people. 51 per cent of rough sleepers who had their needs assessed had an alcohol problem and 39 per cent had a drug problem

Older data collected by the Public Health England shows that in terms of ethnicity, the vast majority (70 per cent and over) of clients have a white ethnic background, followed by Asian/Asian British. The ethnicity breakdown is not representative of Lambeth's general population. BAME appear generally underrepresented. It cannot be said if this is because this population drinks less or because they do not access services.

Local data provision

Local providers contracted by Lambeth Council submit data to the National Drugs Treatment Monitoring System (NDTMS) on a range of indicators for clients with substance abuse problems and addiction on structured interventions. Providers were unable to share data for example concurrent contact of patients with both substance misuse and mental health services.

Early intervention data was also largely unavailable, for example on the number of Identification and Brief Advice interventions (IBA) offered. Some information comes from the Police on the number of IBAs they provide to people in custody. Lambeth Council does not fund the provision of IBA and therefore there is no obligation for providers to submit information, even if they do.

SLAM used to provide IBA up between 2012 and 2015, and data from this period showed an increase in referral numbers as well as good outcomes for patients.

Guy's and St Thomas' hospital trust provided data on the patients using their alcohol care team (admitted patients), which mirrors service usage in substance misuse services: around 70 per cent are men, and 30 per cent women.

Data gaps

The NDTMS provides some socio-demographic data by type of substance abuse (gender, age and ethnicity), but this cannot be cross-tabbed (e.g. number of men in treatment by ethnicity and age). In 2014/15, the NDTMS changed its data collection method, and has not released data based on this new methodology into the public realm.

Data requests from Public Health to MOPAC and CGL (a provider organisation) to obtain information on the number of clients in police custody screened for alcohol and who received Identification and brief advice interventions were not answered. Data from local police was also not received on time.

It is a great concern that commissioners do not have data on early interventions from providers to hand. There is an urgent need to review reporting pathways to ensure this can be monitored.

It would also be helpful to analyse data in greater depth by socio-demographic characteristics in order to identify groups in need of treatment and support.

Wider Impact of Alcohol

Alcohol affects more than just the physical and mental health of those abusing it. It has ramifications for their families and society as a whole

Safeguarding

Children living with an adult who misuses or abuses alcohol may be at greater risk of neglect. It has to be stressed that living with a child can help an adult to adhere to treatment. In Lambeth, 23 per cent of clients in treatment live with children (similar to the proportion in England). 12 per cent of clients have children, but do now live with them. The majority of clients do not have children or do not have contact with them.

Alcohol and offending

There appears to be a connection between alcohol misuse and offending. Alcohol is a factor in half of all violent crime in England and Wales. Local data shows that 28 per cent of assessed offenders have an alcohol misuse problem linked to their offending; data from the Camberwell Green Magistrates Court shows that 45 per cent of offenders had an alcohol misuse need.

Repeat admissions and ambulance call outs

48 out of 100,000 individuals who were admitted for an alcohol-specific reason were admitted once previously in the preceding 24 months, and 69 out of 100,000 people had been admitted twice. Both rates are higher than in England.

Lambeth had the third highest rate of ambulance call-outs linked to alcohol, and the number and percentage of the London total are increasing. In 2016/17, there were 3259 call outs, an increase from 2737 in 2006/07. The proportion of Lambeth call outs as a share of all London call outs increased from 4.6 per cent to 5 per cent.

Treatment and outcomes

Successful completion for alcohol and non-opiate addiction has improved over the past three years beyond national levels (49% in Lambeth compared to 39% in England). Re-representation cases have fallen as well, down to 9 per cent from 14 per cent in 2013/14. No-one in need of treatment is waiting longer than three weeks for their first intervention.

People's alcohol consumption in the 28 days prior to starting treatment differs from England in that slightly fewer people consume over 600 units of alcohol compared to England, a reversal of previous trends. There seems to be little connection between treatment outcomes and unit consumption at treatment start. Those who drank less than 199 units had the highest success rate over the past few years (average of 51 per cent), while those drinking between 600 and 799 units had the lowest success rate (average of 35 per cent over the past few years)

Alcohol availability and consumption

Less alcohol is sold in Lambeth compared to England and London (2014 data). A similar level of people in Lambeth and England do not drink alcohol at all. The same is true for people who drink over the recommended guidelines. However, a significantly higher proportion of adults engages in binge drinking on their heaviest drinking day. In terms of licensing, Lambeth has received 158 applications for new or variations of alcohol sales permits, the majority of which (113) were granted without condition.

Conclusions and Recommendations

Lambeth's high level of alcohol abuse indicates that while access to treatment seems to be working well, prevention is lagging behind. More needs to be done to support the continuation of treatment success in Lambeth, as well as identifying means to engage with people before their alcohol consumption becomes problematic or abusive.

- The Alcohol Group should work with local providers to improve local data collection, especially in relation to Identification and Brief Advice offers, uptakes and outcomes
- Public Health, Licensing and the Police/Emergency Services should work together to identify if and where licensing can support the reduction of harmful drinking and associated risks to health and wellbeing of the local population
- Given the high levels of alcohol dependency in the borough, commissioners should explore targeted interventions to support this population group as well as further preventative measure to reduce the prevalence of alcohol misuse in the borough.
- Lines of governance and accountability need to be established in a clearly structured plan. The CLEAR audit tool provided by PH England is a first step in doing so.

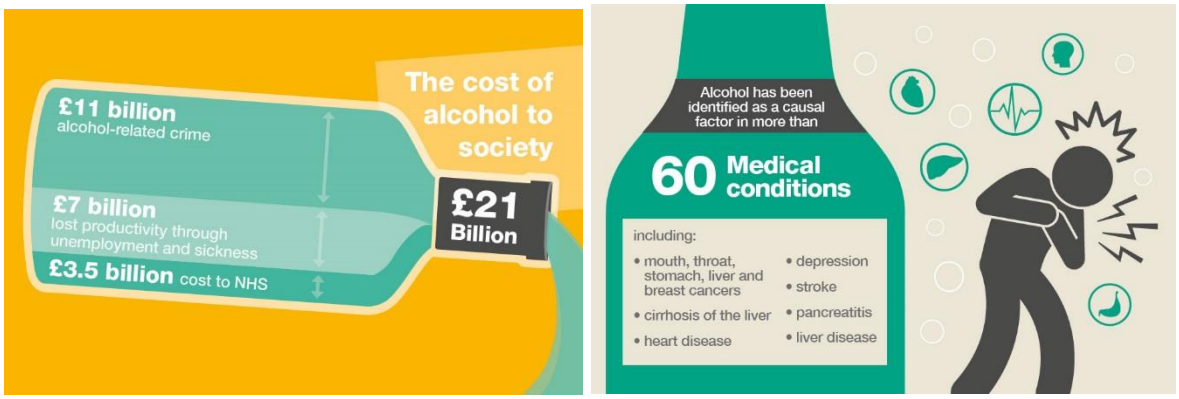
Background

Alcohol consumption is a contributing factor to hospital admissions and deaths from a diverse range of conditions. Alcohol misuse is estimated to cost the NHS about £3.5 billion per year and society as a whole £21 billion annually.

The Government has said that everyone has a role to play in reducing the harmful use of alcohol. This ambition is part of the monitoring arrangements for the Public Health Responsibility Deal Alcohol Network. Alcohol-related admissions can be reduced through local interventions to reduce alcohol misuse and harm.

Reducing alcohol-related harm is one of Public Health England's seven priorities for the next five years (from the "Evidence into action" report 2014).

The societal and physical and mental health impacts of alcohol misuse are great. This guidance by the Government provides an overview of the effects of alcohol misuse and alcohol dependence.



Source: PHE: Health Matters: harmful drinking and alcohol dependence

Methodology and data sources

This rapid needs assessment uses publicly available data from Public Health England, and aggregate data from the National Drug Treatment Monitoring System. It also uses data from some providers, where available. However, the level of detail and availability was generally poor.

Data gaps

Contracted local providers submit data to the National Drugs Treatment Monitoring System (NDTMS) on a range of indicators for clients with substance abuse problems and addiction. This applies only to structured treatment. Non-structured treatment can be submitted, but currently, no provider does so.

Some data is available on the number of identification and brief interventions delivered, but there is little detail on the demographic breakdown. This monitoring and reporting should be improved.

Charitable providers operating in Lambeth who are not directly funded by the Council are not required to submit data to NDTMS, and in the absence of funding do not do so, so we do not know their demand and supply levels, or outcome measures.

We also attempted to obtain data for people who are in touch with both alcohol and mental health services from SLAM to supplement the new indicator from PHE (e.g. breakdown of data by gender, age and ethnicity). However, this data is not collated routinely and would require an audit of individual patients' files, for which there is no capacity. The Partnership needs to consider if it should ask providers to mainstream this data collection with appropriate support and funding.

A request for data from the Alcohol Specialist Nurse was also initially unsuccessful, and while we will follow up, it would not be received in time for this report.

The National Drug and Treatment Monitoring System (NDTMS) used to provide data by ethnicity, gender and age in their annual report up until 2013/14. Subsequent annual reports do not contain this data. The NDTMS states on their data portal that they have introduced a new methodology from 2014/15 and are delaying publishing these data until they have been fully adjusted to this new method.

Public Health has also requested data from MOPAC and CGL (a provider organisation) to obtain information on the number of clients in police custody screened for alcohol and who received Identification and brief advice interventions. We also liaised with local police to obtain data on alcohol-related crime, however, we did not receive responses or data in time for this report.

Commissioners should address the lack of data on IBAs and other unstructured interventions to ensure their impact and the aims of the alcohol strategy can be monitored.

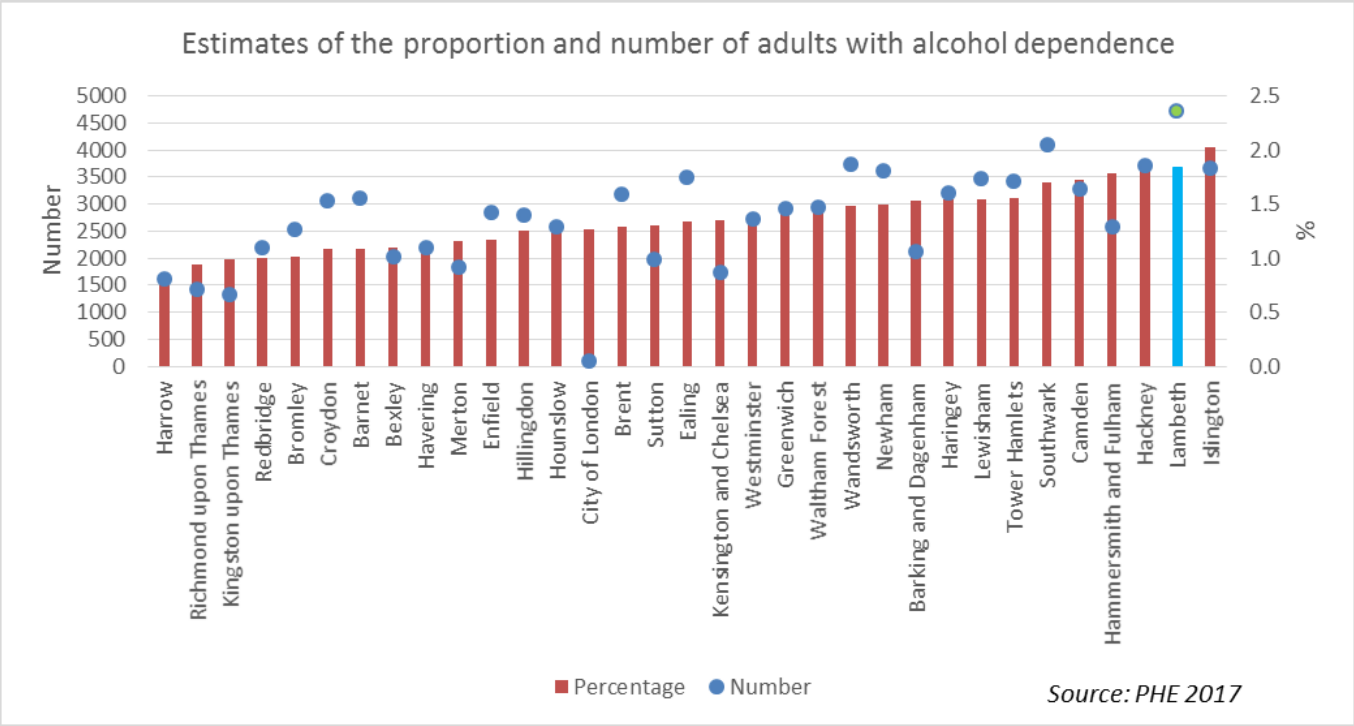
Key Data and trends

Prevalence of alcohol dependency, morbidity and mortality

Public Health England have produced population estimates for the number of people dependent on alcohol by borough[i].

In London, Lambeth has the highest estimated number of people with alcohol dependency, which translates into the second highest proportion of people.

Figure 1 Estimated proportion of people with alcohol dependence



Source: Public Health England

Table 1 Key indicators for alcohol-related morbidity and mortality in Lambeth

Compared with benchmark Better Similar Worse Lower Similar Higher Not Compared

Benchmark Value
Worst/Lowest 25th Percentile 75th Percentile Best/Highest

Indicator	Period	Lambeth			Region	England	England		
		Recent Trend	Count	Value	Value	Value	Worst/ Lowest	Range	Best/ Highest
10.01 - Admission episodes for alcohol-related conditions (Narrow)	2015/16	–	1,474	603	545	647	1,163		390
9.01 - Admission episodes for alcohol-related conditions (Broad)	2015/16	–	5,570	2,802	2235	2179	3,544		1,403
6.02 - Admission episodes for alcohol-specific conditions	2015/16	–	2,052	925	547	583	1,681		246
5.02 - Admission episodes for alcohol-specific conditions - Under 18s	2013/14 - 15/16	–	43	23.0	22.4	37.4	115.1		10.8
4.01 - Alcohol-related mortality	2015	–	89	45.3	41.3	46.1	90.8		32.3
2.01 - Alcohol-specific mortality	2013 - 15	–	70	10.8	8.7	11.5	31.9		4.7

(Directly standardised rates per 100,000 population)

Hospital admissions can be separated into alcohol-specific and –related conditions. Specific conditions are those where alcohol was the primary cause for the illness, e.g. alcohol-induced liver cirrhosis. Alcohol-related conditions include all alcohol-specific conditions, plus those where alcohol is causally implicated in some, but not all cases. Examples include certain cancers and falls. Alcohol-related admissions can be further differentiated between broad and narrow measures. Broad measures are those admissions where the primary **or any** of the secondary diagnoses can be attributed to alcohol. The narrow measure includes those admissions where **the primary diagnosis is an alcohol-attributable code *or* one of the secondary diagnoses** is an **external alcohol attributable external cause**. [ii]

Lambeth's indicators show a mixed picture. The borough has fewer admission episodes for narrow alcohol-related conditions, and for alcohol-specific conditions in the under 18s compared to England.

However, for broad alcohol-related conditions, and for alcohol-specific conditions, admissions in Lambeth are significantly higher than in England.

There were 70 deaths from alcohol specific conditions in 2013-15 and 89 deaths from alcohol related conditions. There is no significant difference to English rates.

Trends in mortality and morbidity

Trends for alcohol-specific and –related mortality appear stable and are similar to England rates. The tables below show the trends for admission episodes for broad and narrow alcohol-related conditions. Trends are mostly stable for narrow admissions, and similar to those in England. For broad alcohol-related admissions, trends are getting worse and are higher than England (table 2).

Figure 2 Mortality in Lambeth

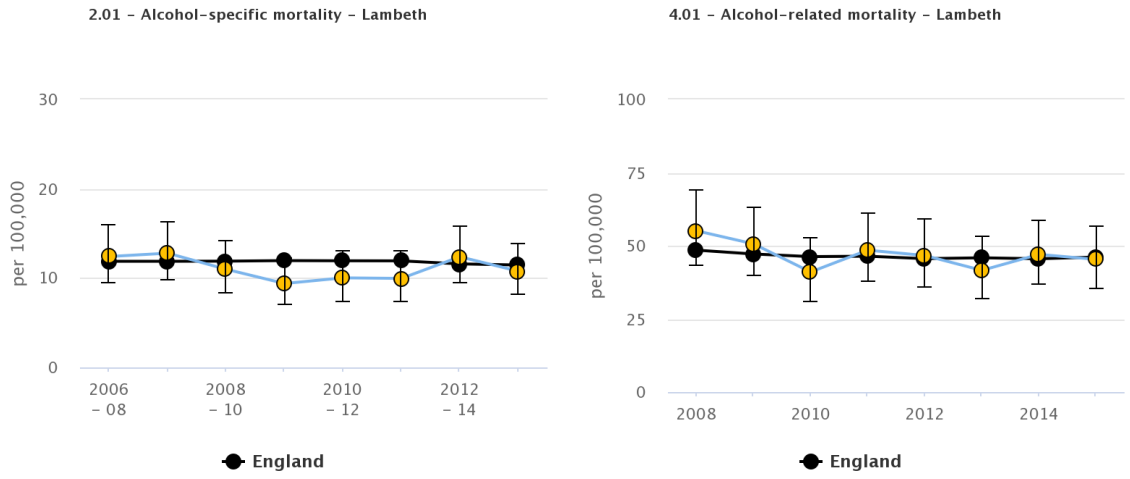


Table 2 Admission episodes for alcohol-related conditions (Narrow) Lambeth directly standardised rate - per 100,000

Period		Count	Value	Lower CI	Upper CI	London	England
2008/09		1,290	582	547	619	530	606
2009/10		1,390	618	582	656	563	629
2010/11		1,354	591	556	628	587	643
2011/12		1,483	657	619	696	572	645
2012/13		1,492	641	605	679	554	630
2013/14		1,488	626	591	663	541	640
2014/15		1,547	646	610	683	526	635
2015/16		1,474	603	569	639	545	647

Source: Calculated by Public Health England: Knowledge and Intelligence Team (North West) using data from the Health and Social Care Information Centre - Hospital Episode Statistics (HES) and Office for National Statistics (ONS) - Mid Year Population Estimates.

Table 3 Admission episodes for alcohol-related conditions (Broad) Lambeth directly standardised rate - per 100,000

Period		Count	Value	Lower CI	Upper CI	London	England
2008/09		2,908	1,546	1,485	1,609	1,575	1,639
2009/10		3,310	1,738	1,673	1,805	1,778	1,797
2010/11		3,653	1,912	1,844	1,982	2,007	1,954
2011/12		4,175	2,203	2,130	2,278	2,111	2,020
2012/13		4,771	2,488	2,411	2,567	2,147	2,020
2013/14		5,193	2,697	2,617	2,778	2,179	2,101
2014/15		5,476	2,790	2,710	2,872	2,157	2,126
2015/16		5,570	2,802	2,723	2,884	2,235	2,179

Source: Calculated by Public Health England: Knowledge and Intelligence Team (North West) using data from the Health and Social Care Information Centre - Hospital Episode Statistics (HES) and Office for National Statistics (ONS) - Mid Year Population Estimates

The table below shows that the rate of people admitted to hospital for alcohol-specific conditions is consistently worse than in England. In the last two year for which data is available, the rate is nearly 1.6 times that of England.

Table 4 Persons admitted to hospital for alcohol-specific conditions Lambeth directly standardised rate - per 100,000

Period		Count	Value	Lower CI	Upper CI	London	England
2008/09		1,217	567	532	603	416	465
2009/10		1,349	608	572	645	469	515
2010/11		1,407	631	595	669	523	555
2011/12		1,786	849	806	894	576	587
2012/13		1,880	843	801	887	571	568
2013/14		1,834	832	791	875	560	584
2014/15		2,056	942	897	987	541	576
2015/16		2,052	925	882	970	547	583

Source: Calculated by Public Health England: Knowledge and Intelligence Team (North West) using data from the Health and Social Care Information Centre - Hospital Episode Statistics (HES) and Office for National Statistics (ONS) - Mid Year Population Estimates

Equalities

Inequalities - Admissions by sex

Mirroring mortality rates, men are far more likely to be admitted to hospital for alcohol-specific or –related conditions. Trends for all of these indicators appear to be worsening or stable.

Figure 3 Admissions for alcohol-related conditions (narrow)

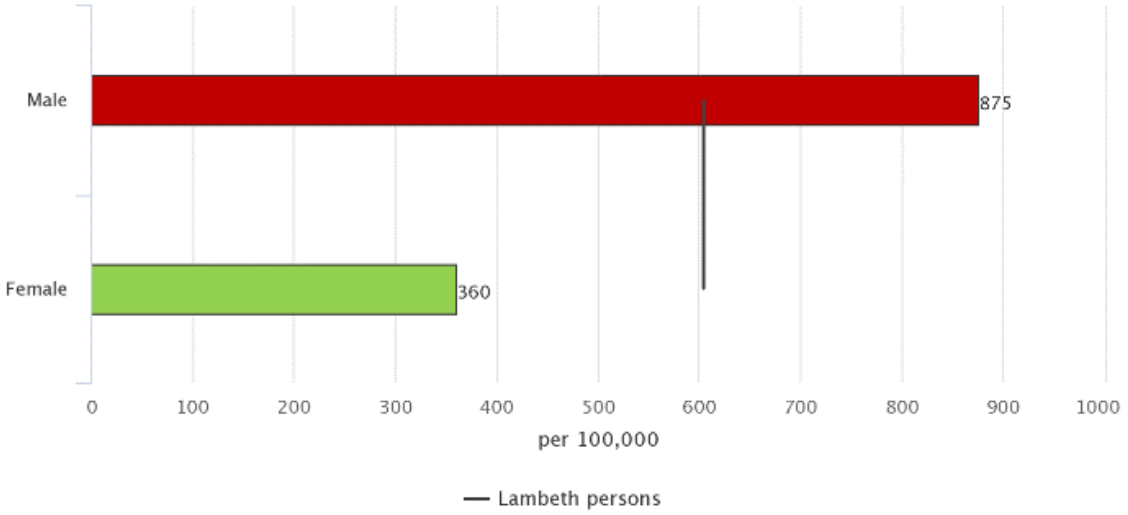


Figure 4 Admission episodes for alcohol-related conditions (narrow) by sex – trends

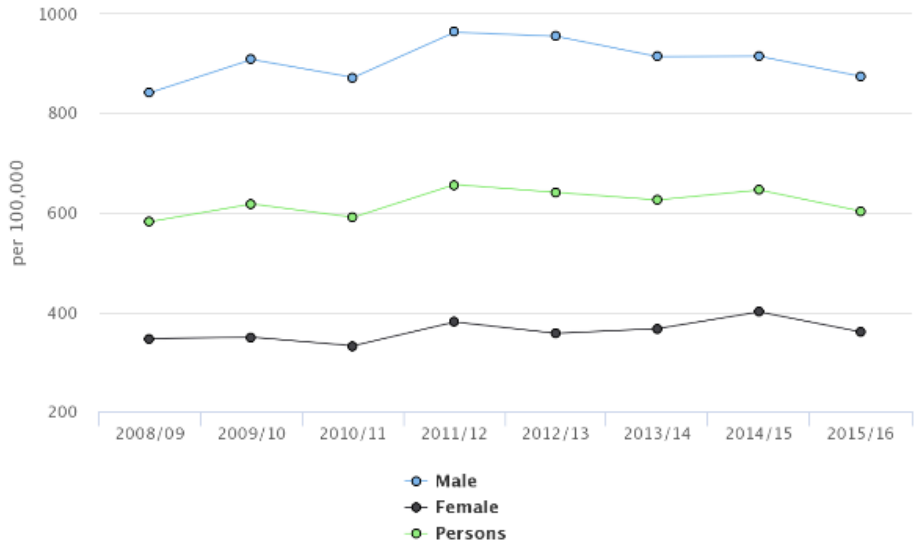


Figure 5 Admission episodes for alcohol-related conditions (broad) by sex

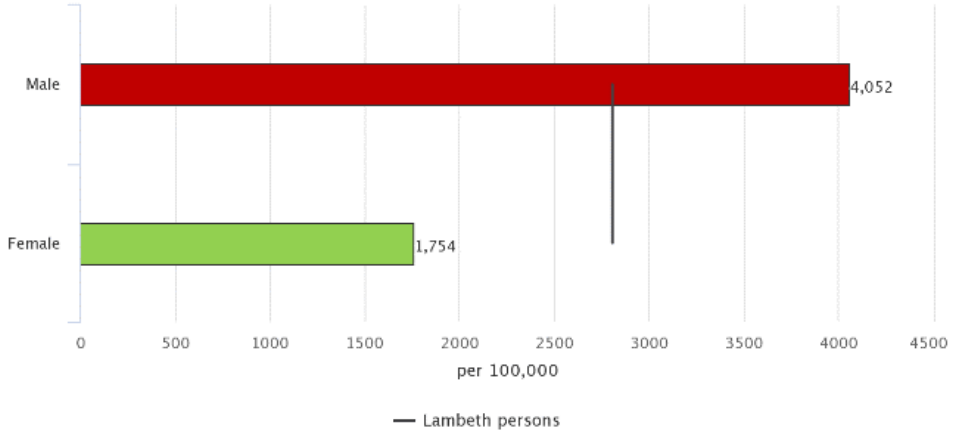


Figure 6 Admission episodes for alcohol-related conditions (broad) by sex –trends

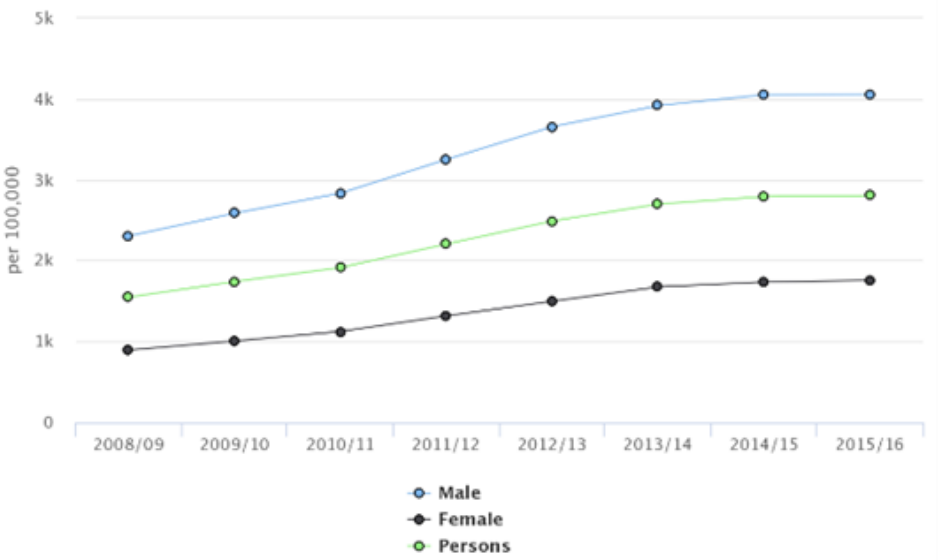


Figure 7 Admission episodes for alcohol-specific conditions

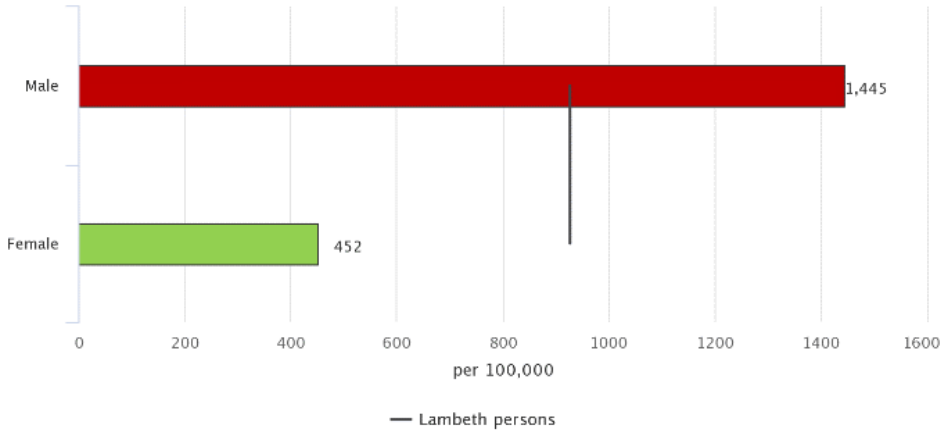
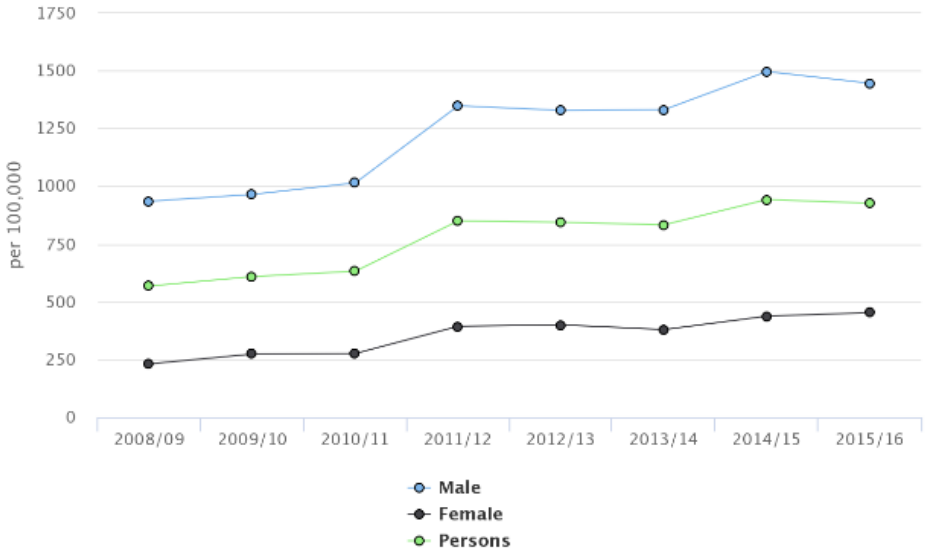


Figure 8 Admission episodes for alcohol-specific conditions – trends by sex

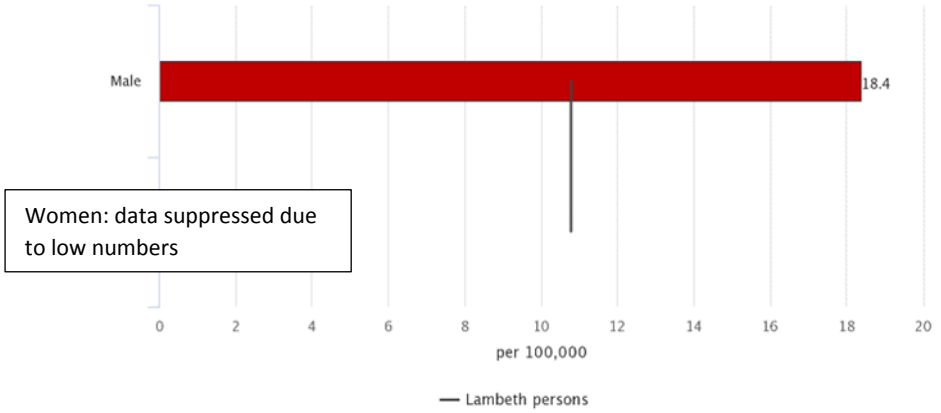


Deaths– inequalities by sex

Please note: Public Health has recently revised its data standards and will only calculate rates where there were 25 cases or more for an indicator. The graphs below show the difference in alcohol-specific and alcohol-related mortality by sex. However, apart from in 2008-2010 and 2008/9 respectively, fewer than 25 women have died from these causes and hence do not appear in the graphs.

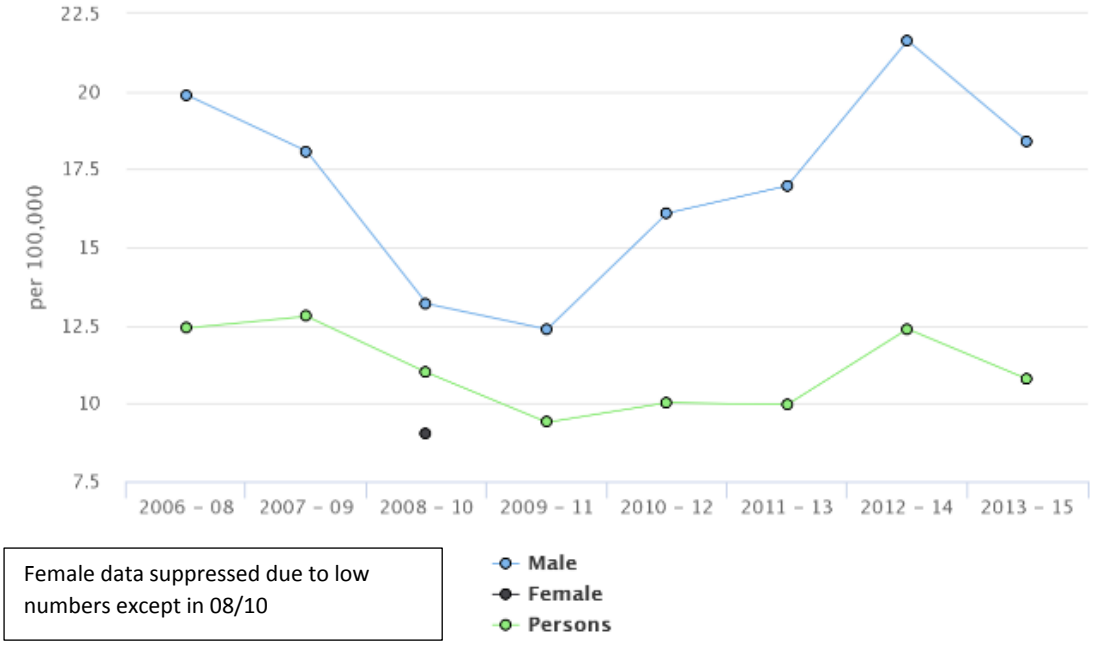
Alcohol misuse is clearly an issue that affects men differently from women, both in terms of prevalence as well as harmful behaviour. For example, in 2012/14, men lost around one year of their lives due to alcohol, compared to 4 months for women[iii]. All of the data below shows the discrepancy between sexes in terms of mortality and hospital admission rates.

Figure 9 Alcohol-specific mortality by sex



In the years from 2013 to 2015, 18.4 men per 100,000 male Lambeth residents die of alcohol specific conditions. The rate for all Lambeth residents is 10.4.

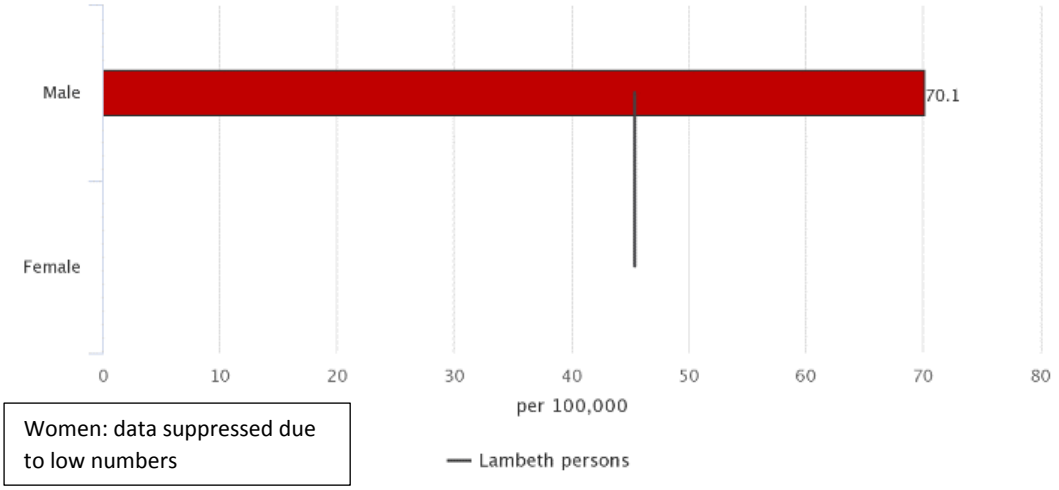
Figure 10 Alcohol-specific mortality by sex - trends



Female data suppressed due to low numbers except in 08/10

Male deaths from alcohol-specific conditions have risen sharply over the past years, with a small drop in 2013-15 (count: 57 cases). Apart from 2008-2010, fewer than 25 women have died from alcohol specific causes (count 2013-15: 13 cases)

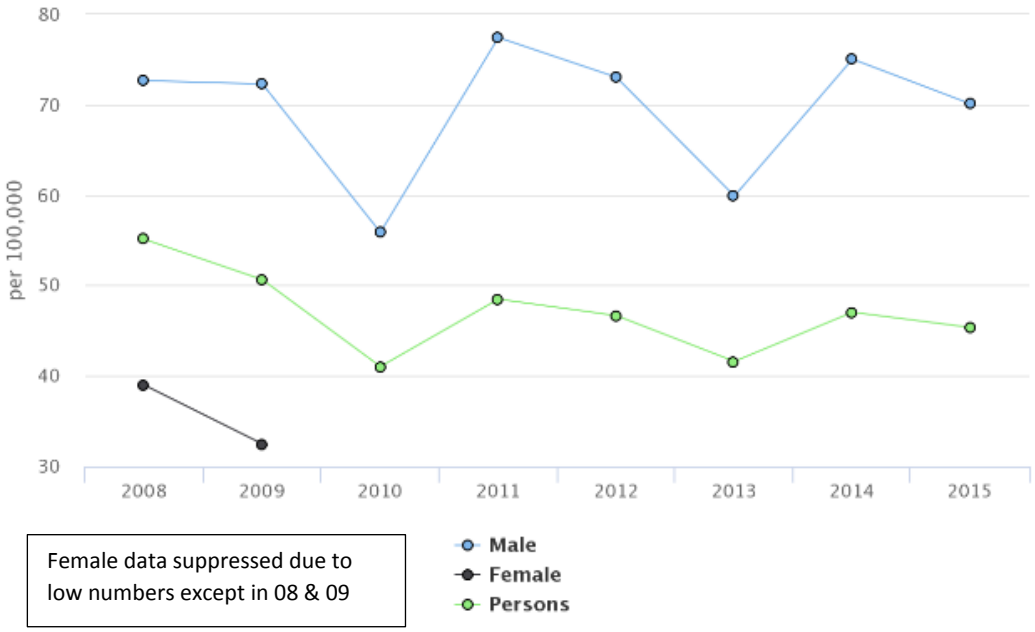
Figure 11 Alcohol-related mortality by sex, rate per 100,000 people



Women: data suppressed due to low numbers

70.1 per 100,000 male Lambeth residents have died from alcohol-related causes in 2015. The rate for all Lambeth residents was 45.3.

Figure 12 Alcohol-related mortality by sex – trends, rate per 100,000



Female data suppressed due to low numbers except in 08 & 09

Over the past years, alcohol-related mortality in men has fluctuated, but have remained consistently above 70 per 100,000 men.

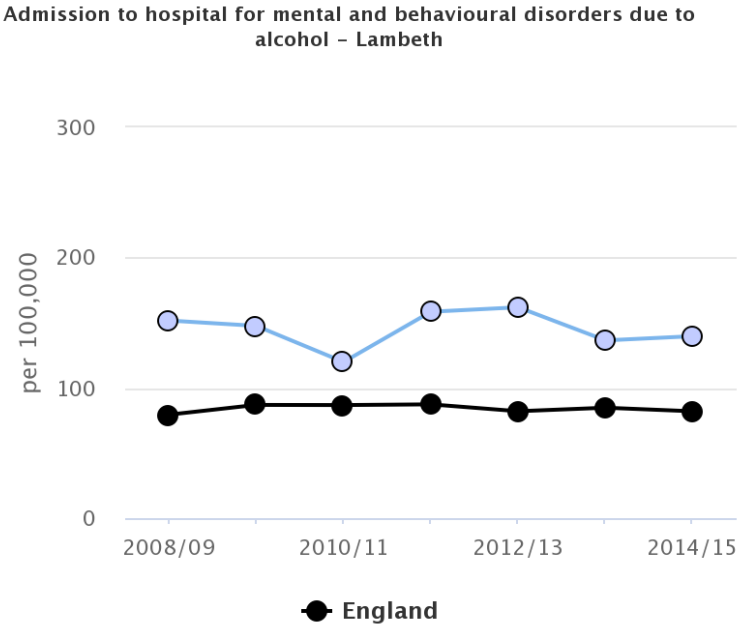
Comorbidities – alcohol and mental health

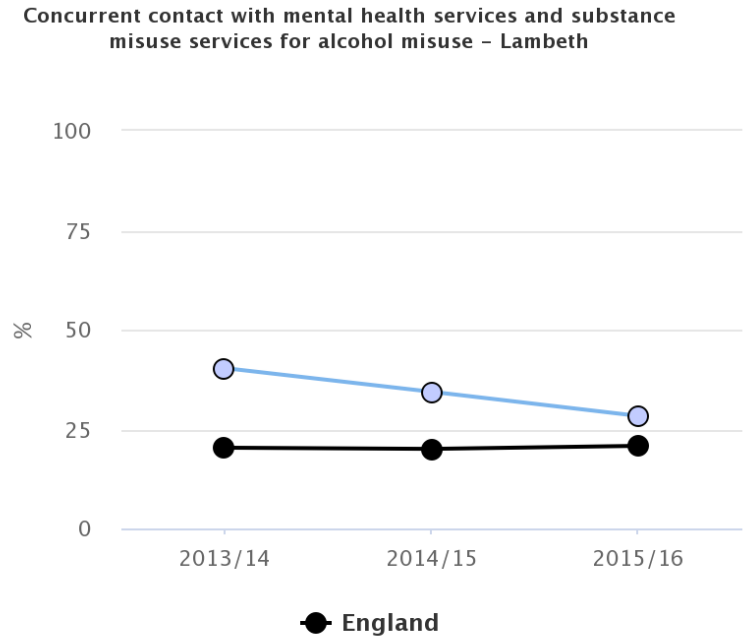
People who abuse alcohol often have concurrent mental health problems. The directional cause of the co-morbidity is not always clear, i.e. if alcohol triggered a mental illness or if a mental illness caused alcohol misuse and dependency.

Lambeth has higher rates of admissions for mental health disorders due to alcohol compared to England (narrow admissions, 139.7 per 100,000 compared to 82 in England). The trend appears to be stable.

28 per cent of people who currently receive alcohol misuse services are also in touch with mental health services. This rate is higher than in England, however, the trend is pointing downwards and the gap is closing. It is not possible to say if this is because fewer people are in need of both services or if they are not accessing it or their need remains undetected.

Figure 13 Co-morbidities - mental health and alcohol misuse





NDTMS data: Number and characteristics of people who abuse alcohol in Lambeth – summary of characteristics for 2015/16

- In 2015/16, 458 adults were in alcohol treatment. 63% of these were men, and 37% women. The gender split is similar to national levels.
- 320 adults, or 70% of all clients, started treatment in 2015/16. This is again similar to England values.
- All of Lambeth residents in need wait less than three weeks before receiving their first intervention. In England, the rate is only 96%.
- The majority of clients self-refer for treatment, followed by GP referrals. The figures below shows the main routes in to treatment, compared to England and broken down by gender for 2015/16
- The age distribution of adults in treatment is similar to England. The table below shows the age breakdown.
- 27% of clients receive mental health care for reasons other than substance misuse. This is higher than in England (20%).
- 55% of alcohol clients in the treatment system also use other drugs, the majority of which use crack (29%, 293 clients), followed by cannabis (17%, 275). The proportion is much higher than in England, where 41% of clients in treatment use drugs. [iv]
- 51% (of 468) of Lambeth rough sleepers who had support needs assessed had an alcohol problem; 39% had a drug problem. [v]

Figure 14 Number and proportion of adults starting alcohol treatment

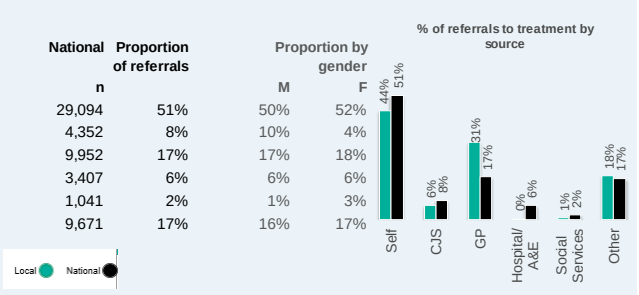
		Local				National			
			Proportion of all clients	Proportion by gender			Proportion of all clients	Proportion by gender	
				M	F			M	F
Number and proportion of adults starting alcohol treatment in 2015-16		320	70%	71%	67%	57,723	68%	68%	67%
Age of all adults in alcohol treatment in 2015-16	18-29	32	7%	8%	6%	8,137	10%	9%	10%
	30-39	103	22%	21%	25%	18,691	22%	22%	22%
	40-49	150	33%	31%	35%	27,328	32%	32%	33%
	50-59	128	28%	28%	27%	21,428	25%	25%	25%
	60-69	35	8%	9%	5%	7,867	9%	9%	9%
	70-79	10	2%	2%	2%	1,462	2%	2%	2%
	80+	0	0%	0%	0%	122	0%	0%	0%

Source: PHE 2017, JSNA support pack

Figure 15 Sources for referral to treatment

Source of referral into treatment	Local				National			
	n	Proportion of referrals	Proportion by gender M	Proportion by gender F	n	Proportion of referrals	Proportion by gender M	Proportion by gender F
Self-referral	139	44%	44%	45%	29,094	51%	50%	52%
Referred through CJS	18	6%	6%	4%	4,352	8%	10%	4%
Referred by GP	99	31%	31%	33%	9,952	17%	17%	18%
Hospital/A&E	1	0%	0%	0%	3,407	6%	6%	6%
Social Services	2	1%	0%	1%	1,041	2%	1%	3%
All other referral sources	56	18%	18%	17%	9,671	17%	16%	17%

Individuals with a missing referral source are not counted



Source: PHE 2017 JSNA support pack

Characteristics of people with alcohol misuse problems and service use, 2009-2013

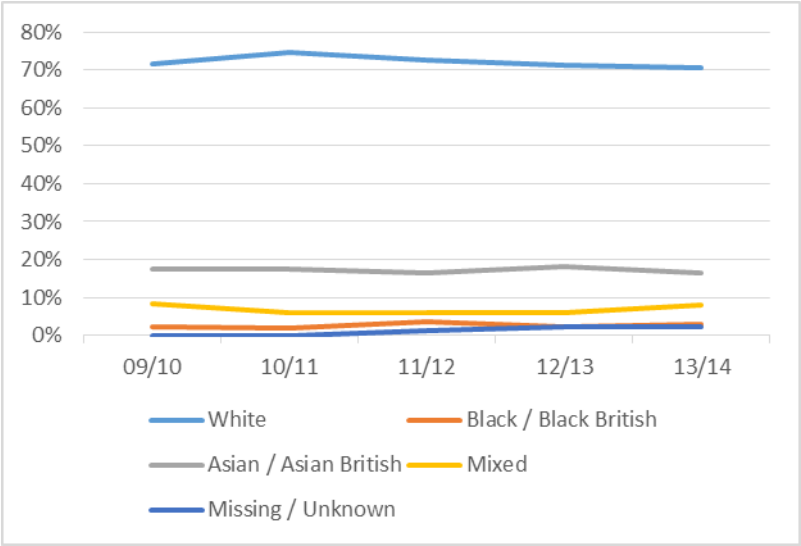
The NDTMS provides information on ethnicity, gender, and age of service users. The data cannot be cross-tabbed, for example to identify the number of men with alcohol problems by age and ethnicity. The way that the NDTMS records and breaks down characteristics of people who start alcohol treatment has changed since 2014/15, and the organisation is still in the process of verifying its data. While it is available to view, the data is not yet released for publication but for internal use only. Once the new data is released, it cannot be compared to data from before 2014/15 due to the change in methodology.

The data presented below is therefore the latest available.

Ethnicity

The proportion of people accessing services for alcohol misuse by ethnicity has stayed roughly the same over the years: around 71% are white, around 2.5% are Black or Black British, between 17 and 18% are Asian/Asian British, and an average of 7 per cent are of mixed origin.

Figure 16 Percentage of adults in alcohol treatment by Ethnicity, 2009/10-2013/14

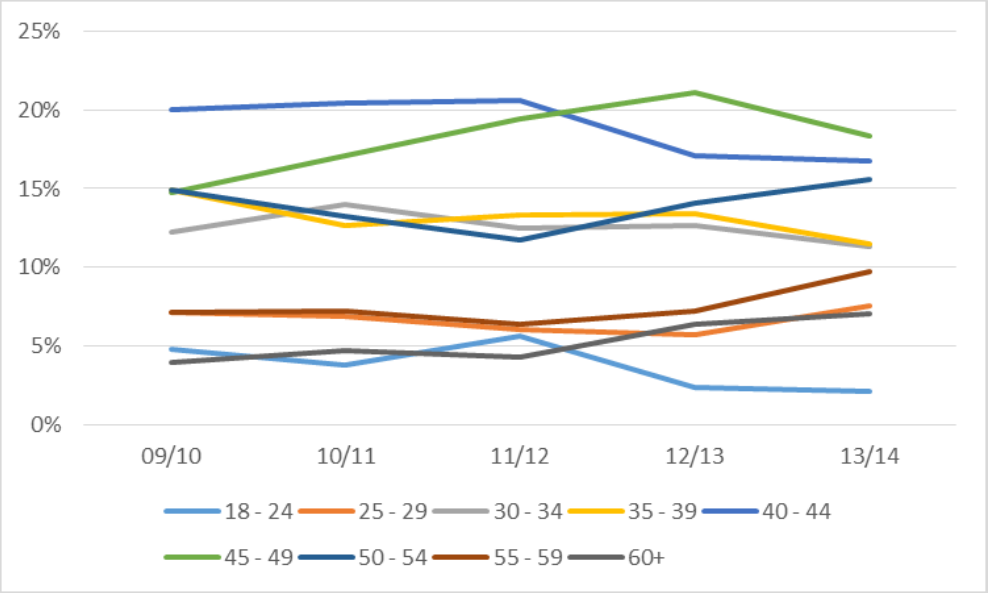


Compared to the Lambeth population make up, ethnic minorities are underrepresented in the service users. Whether this is because fewer people of BAME backgrounds have alcohol problems or because they do not want to access services is not known.

Age

Age distribution across the years is also fairly stable, with some small fluctuations across the years. There are visible drops in the 18-24 and the 40 to 44 age groups, however, these are only two or three percentage points, so do not represent a drastic change in age composition.

Figure 17 Percentage of adults in treatment by age, 2009/10-2013/14

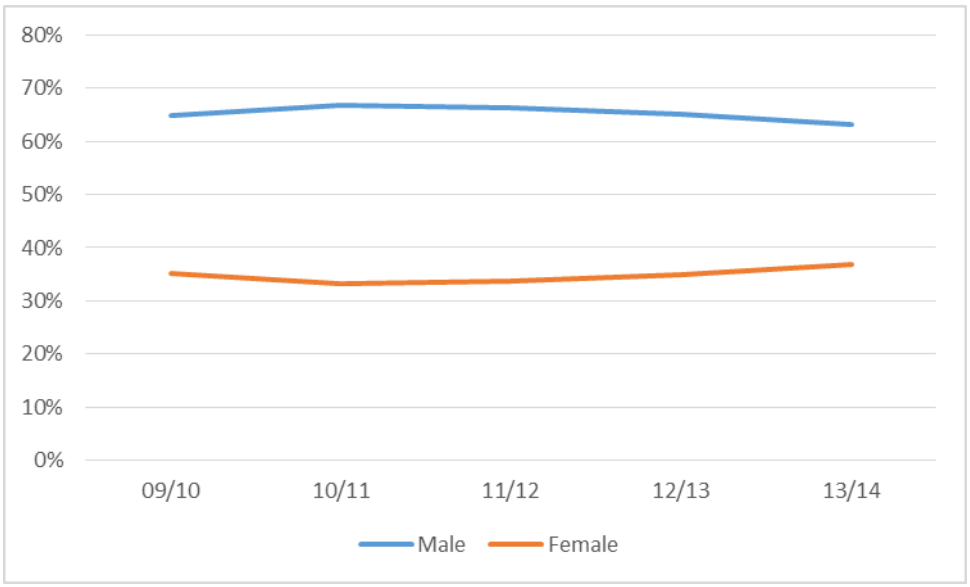


Source: NDTMS 2015

Gender

The Gender split has also remained largely stable. Around two thirds of clients are male.

Figure 18 Proportion of adults starting alcohol treatment by gender, 2009/10-2013/14



Source: NDTMS 2015

Identification and Brief Advice service in primary care

Between 2012 and 2015, SLAM was funded to provide identification and brief advice services to people whose alcohol consumption was a cause for concern, although they were as of yet not considered to be heavily alcohol dependent (AUDIT score of 20+ and SADQ score either under 15/drinking less than 15 units or SADQ score 16-30 and drinking more than 15 units a day).

During the three year period, the service increased its referral numbers, indicating that there is demand for this type of service. In 2014/15, the service delivered 579 psychosocial interventions and referred 86 cases to other services. For those patients who completed pre-and post treatment questionnaires and audits, the majority (71 out of 107 or out of 106 on some measurements) had improved audit scores, and on other measurements post-intervention (mental wellbeing, number of drinking days, number of units consumed).

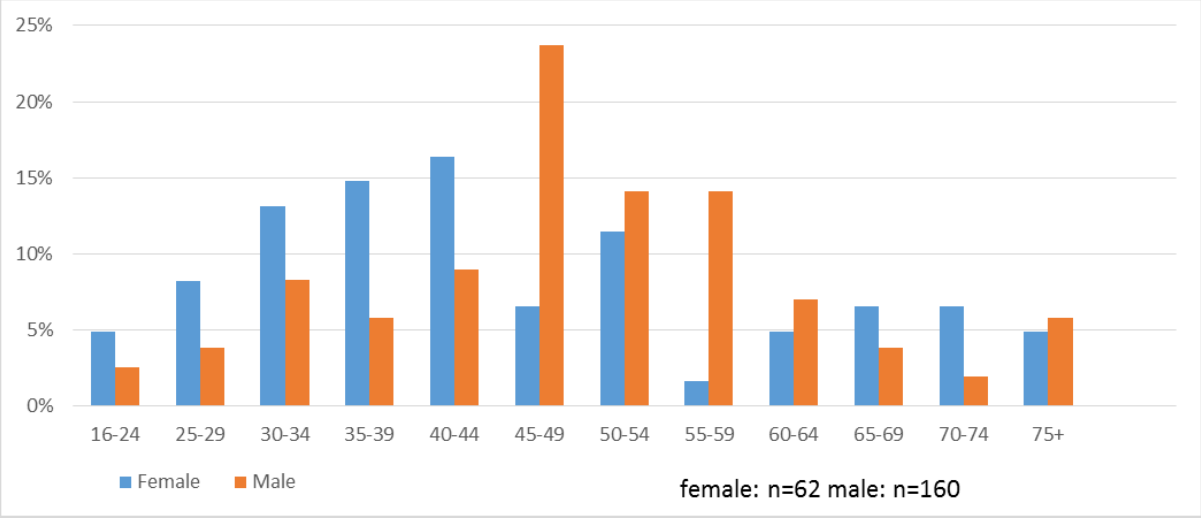
Characteristics of service users with the alcohol care team in Guy's and St Thomas' Foundation Trust (GSTT)

We obtained a data extract covering the calendar year 2016/17 for patients who were admitted to hospital and found to be intoxicated or their admission was related to alcohol misuse. They were referred to the alcohol care team which assesses their situation and makes appropriate referrals or delivers treatment directly to the patient. The team receives patients from all across London and even further afield, however, this analysis is limited to patients who said they were resident in Lambeth.

In 2016/17, 236 patients resident in Lambeth were seen by the team, of which 62 were women (26 per cent) and 160 were men (68 per cent). In 14 instances (six per cent), no sex was recorded.

Most patients were aged between 40 and 59 (54 per cent), although there are distinct differences between by sex as the graph below shows: the woman's age profile was much younger than the men's, with 40 per cent aged below 40, compared to only 20 per cent of men. As this only reflects one year's worth of attendances, no conclusions should be made about trends in this observation, but future analysis could help establish a better picture.

Figure 19 Number of GSTT patients in care of alcohol care team in 2016/17, by age and as percentage of sex



Source: GSTT data

29 per cent of patients were homeless, lived in a hostel, or sofa surfed. 34 per cent were renting in the private sector, and 21 per cent were in social housing. The remainder were home owners or lived in other accommodation (e.g. sheltered housing, residential home).

The majority of patients (152, 64 per cent) had audit scores of over 20, indicating possible dependency. 6 per cent were at higher risk, 11 per cent at increasing risk, and 6 per cent at lower risk of dependency. In the remainder of cases (28, 12 per cent), the score was unknown or the patients were unable to complete the questionnaire.

In 140 cases (59 per cent), the primary cause for admission was alcohol related. The main causes were intoxication (32), intoxication and risk of suicide (12), alcohol withdrawal (25), seizures (16), falls (13) and gastro-intestinal bleeds (6). The remainder of causes were listed as 'other'.

The data is not monitored regularly by GSTT. The steering group should think about turning this in to quarterly reviews to monitor demand of services. If possible, it should also include an outcomes column (e.g. what type of treatment was started, if the patient was readmitted within six months etc).

Wider impact of Alcohol

Alcohol has of course wider impact on people and society than only health. There are some indicators that give an insight into these areas.

Safeguarding

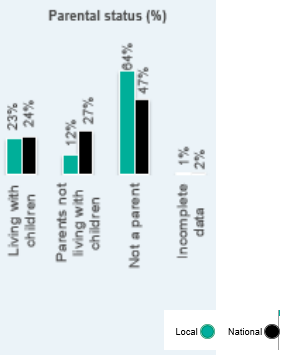
A risk factor for neglect and other safe-guarding issues is for children to live with parents who are alcohol clients. It is therefore important to support the families of people with an alcohol-dependent parent, or one that abuses alcohol. It can be beneficial for adherence to treatment for an adult if they can continue living with their children. The figures are based on people starting treatment in 2015/16.

- Around 23% of clients in treatment in Lambeth live with children, a very similar proportion to England. They are not necessarily the parents.
- A further 12% have children, but do not live with them. This is less than half of the England value (27%)
- The majority of clients in treatment do not have children or do not have contact with them (64%). This applies to 50% of people who started treatment in England.

Figure 20 Parents in treatment not living with children and children living with adults in alcohol treatment

	Local		Proportion by gender		National		Proportion by gender	
	n	Proportion of new presentations	M	F	n	Proportion of new	M	F
Living with children (own or other)	73	23%	15%	36%	13,845	24%	18%	33%
Parents not living with children	39	12%	14%	10%	15,657	27%	29%	23%
Not a parent/no child contact	206	64%	70%	54%	27,247	47%	50%	42%
Incomplete data	2	1%	1%	0%	974	2%	2%	2%

	Local		Proportion of children by client		National		Proportion of children by client	
	n		M	F	n		M	F
Number of children living with alcohol clients entering treatment in 2015-16	138		42%	58%	24,919		49%	51%



Source: PHE JSNA support pack

Alcohol misuse and offending

Alcohol and offending behaviour appear to have a connection, and alcohol is a factor in half of all violent crime in England and Wales. [vi] Prevalence of alcohol use disorders in the UK's criminal justice

system appears to be wide-spread, with estimates ranging from 64% of all people in a custody suite to 95% in a magistrates setting[vii].

Local Lambeth data shows that in 2015/16:

- Of National Probation Service Offender Assessment Systems [1](OASys) undertaken in Lambeth (412), 27.7% (114) identified an alcohol misuse problem linked to the persons' offending.
- Community Rehabilitation Community carried out a further 785 OASys assessments, of which 21.5% (169) identified an alcohol misuse problem to their offending.
- Camberwell Green Magistrates Court liaison and diversion service identified that 50% (of 191) had a substance misuse need and 45% had an alcohol misuse need [viii]

Alcohol-related crime

There is no specific offense for alcohol-related crime, and therefore, data is difficult to obtain. In a national study on alcohol-related violence, cases fell from 1.1m in 2004/5 to 0.7m in 2013/14[ix].

A data query for the metropolitan police was not answered in time for this report.

Prisoners with alcohol misuse problems engaging with community services post-release

Public Health England has produced for the first time an indicator on the number of convicted adults with substance misuse problems who engage with community substance misuse services after their release. In Lambeth, the rate per 100,000 is 17, compared to 28 in England. Lambeth rates are significantly lower compared to England. As it is a new indicator, this may be revised upwards as coding and reporting becomes more routine. No comparison for London is available[x].

Further data indicates that of 32 clients discharged from prison in 2016 who were referred to the local authority for alcohol only treatment, only one commenced treatment within three weeks of release. Prisons referred 25 clients with alcohol and non-opiate issues, of which three too up treatment. No clients in either category re-represented for prison based treatment[xi].

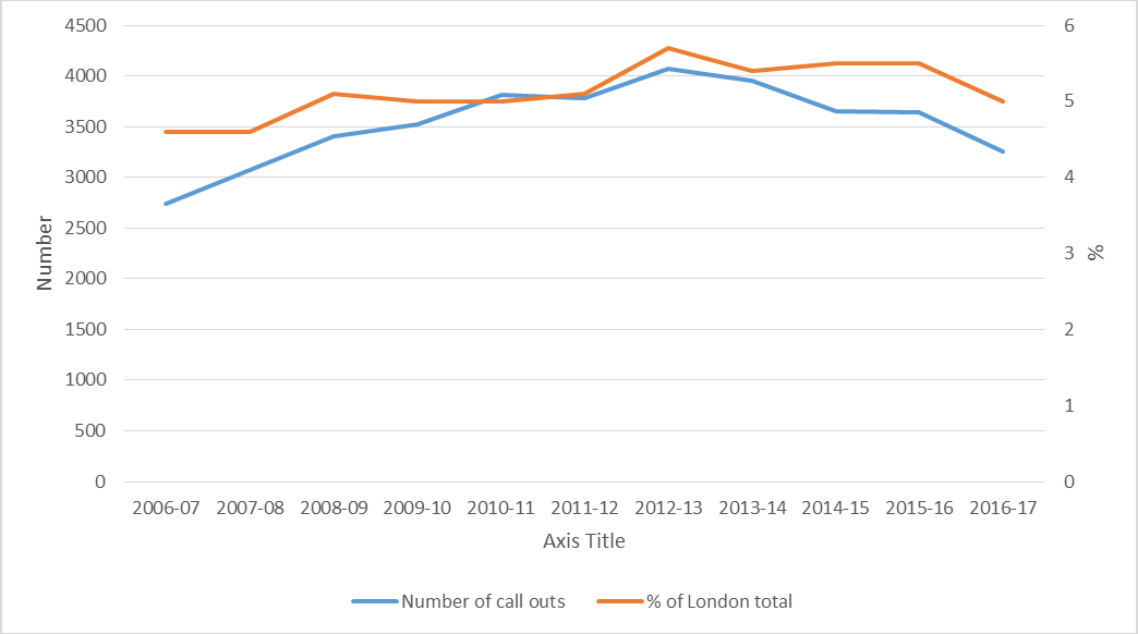
Impact on public services

Those who are admitted to hospital frequently for alcohol-specific conditions can put a heavy burden on public services. In Lambeth, around 48 out of 100,000 individuals who were admitted for an alcohol-specific reason had been admitted once previously within the preceding 24 months. This rate is higher than in England (45.2 per 100,000). 69 per 100,000 individuals admitted for alcohol specific reasons had been admitted twice in the 24 months prior to their latest admission. This rate is much higher than in England (56 per 100,000). [xii]

Ambulance call outs linked to alcohol have also increased in Lambeth, both in terms of numbers and in terms of the proportion of call-outs in London. Within London, Lambeth had the third highest call-out numbers in 2016/17, and it is consistently among the top 10 boroughs in terms of this indicator. Any call out that involves alcohol is included here, whether it is assault (the victim does not have to be intoxicated) or falls, domestic violence, or alcohol poisoning, or any other incidence where alcohol is involved.

[1] OASys is an assessment tool to help identify needs. Harm, risks, and the likelihood of the person re-offending, as well as to develop a plan to support the person in the community.

Figure 21 Ambulance call outs linked to alcohol (number and % of total London call outs)



Source: SafeStats

Other impacts

Lambeth has fewer alcohol-related traffic accidents than England, which may be attributable to its inner city location and the associated lower use of cars.

However, Lambeth has a statistically higher level of benefit claimants due to alcoholism.

Figure 22 Alcohol-related road traffic accidents

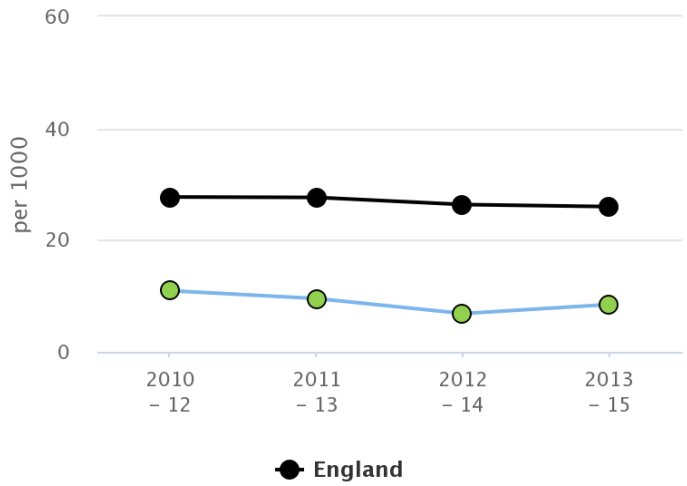
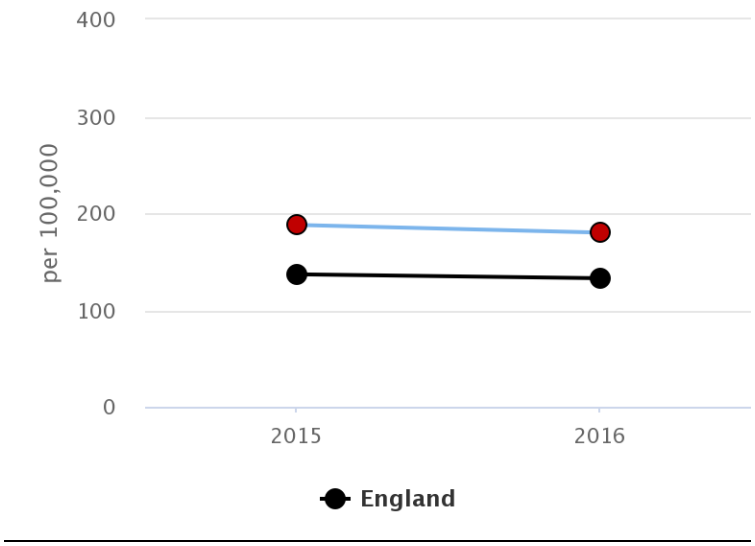


Figure 23 Claimants of benefits due to alcoholism

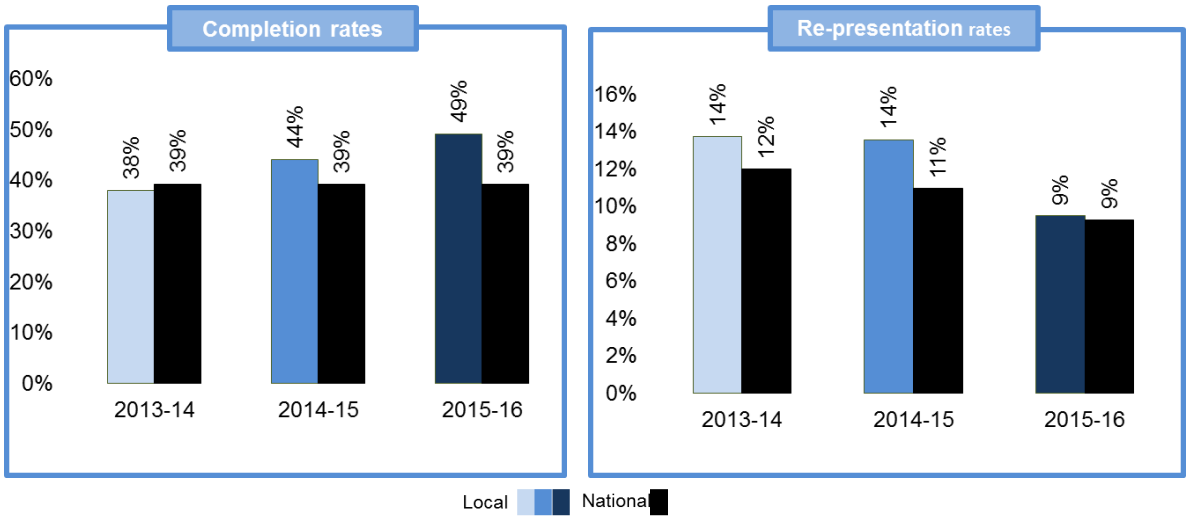


Treatment and outcomes

The national drug treatment monitoring system provides information on the successful completion of alcohol and opiate treatment (the graphs are only available for all types of drugs and substance misuse).

- Successful completion rates for alcohol only treatment are higher compared to July 2015. However, re-presentations appear to be on the rise once again after an initial drop since July 2015.
- Successful completion for alcohol and non-opiate addiction has improved over the past three years beyond national levels (49% in Lambeth compared to 39% in England). Re-representation cases have fallen as well, down to 9 per cent from 14 per cent in 2013/14.[xiii]

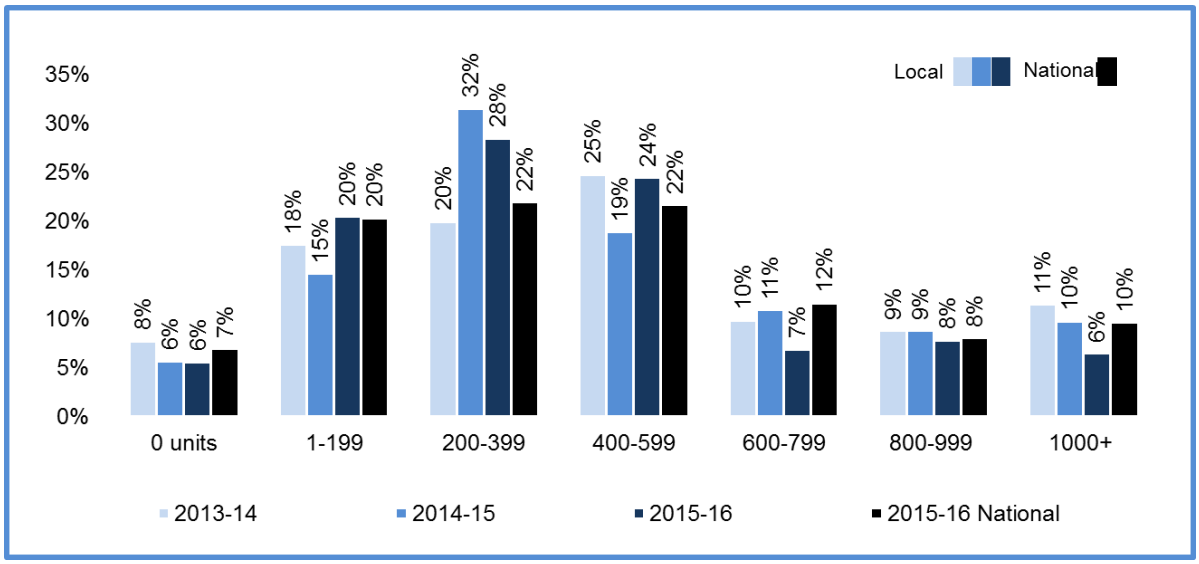
Figure 24 Completion and re-representation rates



Source: PHE 2017

The graph below shows the number of units consumed 28 days prior to starting treatment, compared to national levels. It shows that overall, drinking levels for the three highest categories are lower than in England. The highest proportion (28 per cent) drank between 200 and 399 units.

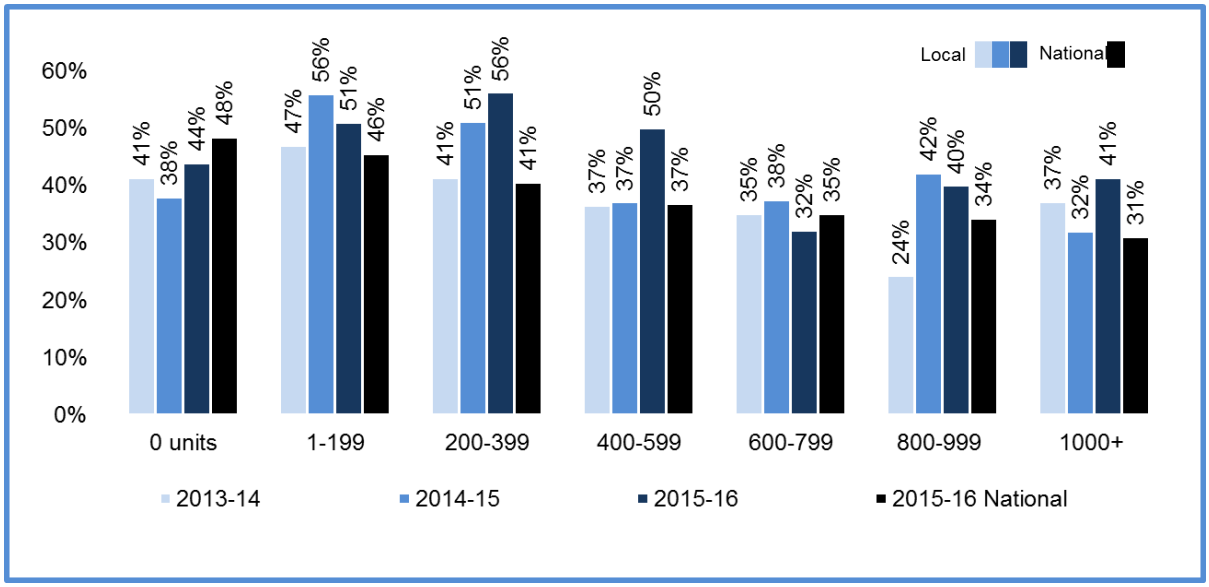
Figure 25 Units consumed 28 days prior to starting treatment by Lambeth alcohol clients compared to national levels



Source: PHE Alcohol Data Support Pack

Success rates for completing treatment showed some connection to the amount of alcohol consumed before starting treatment, with those drinking less than 400 units slightly more likely to successfully complete treatment. Over the years, success rates vary. The group consistently least likely to successfully complete treatment is the group drinking between 600 and 799 unites of alcohol, with an average of 35% over the past three years. Those drinking 1-199 units had an average success rate of 51 %, the highest rate (see graph below)

Figure 26 Outcomes for clients with differing levels of alcohol use at treatment start: % completing treatment successfully by previous drinking levels



Source: PHE Alcohol Data Support Pack

Alcohol availability and consumption data

Significantly less alcohol is sold in Lambeth compared to England and London. The indicators are only available for 2014

Based on the Health Survey for England data, a similar proportion of Lambeth residents abstains from drinking alcohol compared to England. This is also true for the percentage of adults drinking over the recommended guidelines.

Worryingly, a significantly higher proportion of adults engages in binge drinking (more than eight units for men and six units for women) on their heaviest drinking day.

Table 5 Local Alcohol Profiles for England – Consumption and Availability

Compared with benchmark Better Similar Worse Lower Similar Higher Not Compared

Benchmark Value

Worst/Lowest 25th Percentile 75th Percentile Best/Highest

Indicator	Period	Lambeth			Region Value	England Value	England		
		Recent Trend	Count	Value			Worst/ Lowest	Range	Best/ Highest
17.01 - Volume of pure alcohol sold through the off-trade: all alcohol sales	2014	–	920,257	3.6	4.7	5.5	9.4		2.9
17.02 - Volume of pure alcohol sold through the off-trade: beer sales	2014	–	218,050	0.85	1.11	1.49	2.79		0.68
17.03 - Volume of pure alcohol sold through the off-trade: wine sales	2014	–	418,556	1.63	2.12	2.16	3.96		1.30
17.04 - Volume of pure alcohol sold through the off-trade: spirit sales	2014	–	226,913	0.89	1.15	1.38	2.46		0.70
19.01 - Percentage of adults who abstain from drinking alcohol	2011 - 14	–	-	13.4%	24.3%	15.5%	4.0%		51.5%
19.02 - Percentage of adults binge drinking on heaviest drinking day	2011 - 14	–	-	24.8%	13.2%	16.5%	31.9%		3.6%
19.03 - Percentage of adults drinking over 14 units of alcohol a week	2011 - 14	–	-	33.8%	21.6%	25.7%	51.3%		8.1%

Source: PHE Local Alcohol Profiles for England

<u>Licensing</u>

There is no single database that records all licensing applications and their outcomes centrally. Public Health receives all applications, and will receive notification of the outcome if they lodge an objection and it goes to committee. If another party (e.g. residents, police, etc) objects and the application is subsequently rejected at committee stage, Public Health does not necessarily get notified. Therefore, the numbers below may not be fully complete. However, as most applications are granted with or without conditions, the differences are likely to be small. Public Health is working with Licensing to improve on tracking.

In 2016, Lambeth has received 158 applications for new or variations of alcohol sales permits. 73 were new applications, 65 were variations, 10 were reviews, 6 were temporary event notes (TEN), three were for renewals, and in one case, the application type was not known. 113 were granted without conditions. 43 were initially rejected, and for two, the outcome is not recorded. In 11 cases, the application was granted with conditions/reconciled with conditions on appeal. In three cases, the application was revoked or rejected. Three applications were withdrawn. Two went on to the licensing committee,

where one license was revoked and another one had variations to its opening hours reduced. There was no known outcome for the remainder of the rejected applications.

Applications in the previous year numbered 140, 56 of which were granted without conditions (5 TENs, 21 new applications, 28 variations; in 2 cases, the type of application was unknown.) of those initially rejected, 33 were new applications, 11 were for review, and 21 for a variation. In only 2 cases was the outcome of an appeal known - the applications were granted with additional conditions.

Table 6 Number of licensing applications by year, Lambeth

	Number of Applications	Initially rejected	Granted	Not known
2015	140	65	56	19
2016	158	43	113	2
2017 (up to May 2017)	66	50	16	

Source: internal data

Conclusions and recommendations

The steering group should review local data collection and monitoring of service providers. The collections submitted to NDTMS are a good starting point. However, it does not seem to include services provided by the GSTT alcohol team and possibly other providers that are not obliged to submit data to the NDTMS. Improving data collection is important to assess the volume and type of need, and to monitor outcomes.

There should also be a review of indicators that providers submit. Commissioners should work with SLAM and others for example to mainstream the collection of co-dependent service users. This is also in line with the latest guidelines on treating people with dual diagnosis/co-dependencies[xiv].

Lambeth's men appear to be particularly strongly affected by alcohol misuse, and services should be reviewed to target men at every opportunity. This includes working with GP practices, employers, community organisations and others to provide information, offer AUDIT questionnaires and IBA services. This could take place by co-operating with existing organisations (statutory and voluntary), or by specifically commissioning services.

There are also some concerns around high representation of white people in the NDTMS data. It should be further investigated if this is because substance misuse is more prevalent among the white population, or if this population group is more likely to use services.

The steering group should also make more use of the public health team's licensing tracker (currently produced by Southwark Public Health as part of the shared service agreement), and clearly formulate what purpose it should serve.

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[i] Estimates of Alcohol Dependence in England based on APMS 2014, including Estimates of Children Living in a Household with an Adult with Alcohol Dependence http://www.nta.nhs.uk/uploads/estimates-of-alchohol-dependency-in-england[0].pdf

[ii] PHE 2015: Local Alcohol Profiles for England 2015 User Guide, available at http://www.lape.org.uk/downloads/LAPE%20User%20Guide_Final.pdf

[iii] Alcohol JSNA Support Pack

[iv] Unless otherwise stated, data is taken from PHE (2017): Alcohol JSNA support pack

[v] Safer Lambeth Partnership Strategic Assessment 2015/16

[vi] Newbury-Birch, D et al (no date): 'Alcohol Screening & Brief Intervention in the Prison System', available at http://therapeutic-solutions.org.uk/downloads/Prison_Factsheet.pdf
[vii] Newbury-Birch, D et al (2016): 'A rapid systematic review of what we know about alcohol use disorders and brief interventions in the criminal justice system', International of Prisoner Health, Vol 12, Iss 1, pp 57-70
[viii] Safer Lambeth Partnership Strategic Assessment 2015/16
[ix] ONS (2015): Violent Crime and Sexual Offences - Alcohol-Related Violence. Available at https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/compendium/focusonviolentcrimeandsexualoffences/2015-02-12/chapter5violentcrimeandsexualoffencesalcoholrelatedviolence
[x] PHE 2017: "Adults with substance misuse treatment need who successfully engage in community-based structured treatment following release from prison" (Indicator 2.16 in co-occurring substance misuse and mental health issues)
[xi] PHE (2017): PHOF 2.16 Companion report, available on NDTMS
[xii] PHE (2017): Adults – alcohol JSNA support pack: Key Data
[xiii] PHE (2017): Alcohol Support Pack
[xiv] PHE (2017): 'Better care for people with co-occurring mental health and alcohol/drug use conditions; available at https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/625809/Co-occurring_mental_health_and_alcohol_drug_use_conditions.pdf